



## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-c  
Revised: 02/2007

## Crash Data

Crash Record Number

Reporting Agency's Record Number: 2019-00030673

Page 1 of 16

# of Vehicles Involved: 3 # of Non-Motorists Involved: 0 # of Fatal Injuries: 0 # of A B or C Injuries: 3  
 Date / Time of Crash: 08/09/2019 / 0745 Date / Time Crash Reported: 08/09/2019 / 0746 Time of Arrival: 0806

County: KANAWHA

Municipality or Place of Crash: SISSONVILLE

GPS Coordinates:

Latitude Longitude

Highway Class: ☐ Interstate ☐ US ☒ WV Supplemental Designation:  
☒ County/HARP ☐ City Street ☐ State Park / Forest Road ☐ Not Applicable ☐ Spur ☐ North ☐ East ☐ Truck Route ☐ Other  
☐ Private Road ☐ Private Property/Off-Roadway ☐ Other ☐ Alternate ☐ Ramp ☐ South ☐ West ☐ Toll

Route: 021 / 00

Milepost:

Ramp:

Street: SISSONVILLE DRIVE

Other Description of Location: BOX 7014

Intersecting Street:

Relation to Junction / Junction Type:

Intersection Type:

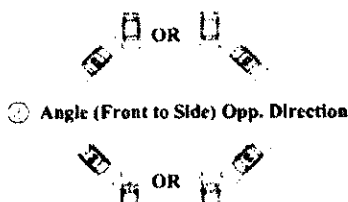
- ☒ Non-Junction ☐ Junction, Non-Interchange Area  
☐ Intersection  
☐ Intersection-Related  
☐ Interstate to Interstate  
☐ Railroad Grade Crossing #:   
☐ Median Crossover-Related  
☐ Business or Residential Driveway/Alley Access  
☐ Other Non-Interchange
- ☐ Junction, Interchange Area  
☐ Thru Roadway  
☐ Merge/Diverge Area  
☐ Intersection  
☐ Intersection-Related  
☐ Entrance / Exit Ramp  
☐ Other Part of Interchange
- ☐ 4-Way Intersection  
☐ T Intersection  
☐ Y Intersection  
☐ Intersection as Part of Interchange  
☐ Traffic Circle / Roundabout  
☐ 5-Point or More

Manner of Collision:

☐ Angle (Front to Side) Same Direction☐ Right Angle

Environmental Contributing Circumstances (Select Up to 3):

- ☒ Single Vehicle Crash  
☐ Rear End  
☒ Head-On  
☐ Sideswipe, Same Direction  
☐ Sideswipe, Opposite Direction  
☐ Rear-to-Side  
☐ Rear-to-Rear



- ☐ Angle (Front to Side) Opp. Direction  
☐ Angle - Direction Not Specified

- ☒ None  
☐ Weather Conditions  
☐ Physical Obstruction(s)  
☐ Glare  
☐ Animal(s) in Roadway  
 Type:  
☐ Other:

Weather (Select Up to 2):

- ☐ Clear ☐ Rain  
☒ Cloudy ☐ Sleet, Hail, or Freezing Rain  
☐ Fog, Smog, Smoke ☐ Snow

- ☐ Blowing Snow ☐ Other  
☐ Severe Crosswinds  
☐ Blowing Sand, Soil, Dirt

Lighting:

- ☒ Daylight ☐ Dawn  
☐ Dark - Lighted ☐ Dusk  
☐ Dark - Not Lighted ☐ Other

Roadway Surface Condition:

- ☒ Dry ☐ Slush ☐ Mud, Dirt, Gravel, Sand  
☐ Wet ☐ Ice / Frost  
☐ Snow ☐ Water (Standing / Moving)

Location of First Harmful Event:

- ☒ On Roadway ☐ Roadside ☐ In Parking Lane or Zone ☐ Outside of Right-of-Way  
☐ Shoulder ☐ Gore ☐ Off Roadway, Location Unknown  
☐ Median ☐ Separator ☐ Unknown

Roadway Surface Type:

- ☒ Asphalt ☐ Concrete ☐ Gravel ☐ Dirt ☐ Brick ☐ Other:

First Harmful Event:

- ☐ Overturn / Rollover  
☐ Fire / Explosion  
☐ Immersion  
☐ Jackknife  
☐ Cargo / Equipment Loss or Shift  
☐ Fell / Jumped from Motor Veh  
☐ Thrown or Falling Object  
☐ Other Non-Collision

COLLISION WITH:

- ☐ Pedestrian  
☐ Pedalcycle  
☐ Railway Vehicle  
☐ Animal  
☒ Motor Vehicle in Transport  
☐ Parked Motor Vehicle  
☐ Work Zone / Maintenance Equip  
☐ Other Non-Fixed Object  
☐ Impact Attenuator / Crash Cushion

- ☐ Bridge Overhead Structure  
☐ Bridge Pier or Support  
☐ Bridge Rail  
☐ Culvert  
☐ Curb  
☐ Ditch  
☐ Embankment  
☐ Guardrail Face  
☐ Guardrail End  
☐ Cable Median Barrier  
☐ Concrete Traffic Barrier  
☐ Other Traffic Barrier  
☐ Tree (Standing)  
☐ Utility Pole/Light Support  
☐ Traffic Sign Support  
☐ Traffic Signal Support  
☐ Other Post, Pole, or Support  
☐ Fence  
☐ Mailbox  
☐ Other Fixed Object

EXHIBIT

1

Crash Record Number

Reporting Agency's Record Number: 2019-00030673

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Road - Contributing Circumstances: (Select Up to 3)

☒ None☐ Road Surface Condition (Wet, Icy, etc.)☐ Debris☐ Ruts, Holes, Bumps☐ Worn, Travel Polished Surface☐ Obstruction in Roadway☐ Pavement Markings Not Visible☐ Shoulders☐ None ☒ Low ☐ Soft ☐ High☐ Problem w/ Traffic Control Device☐ Inoperative ☐ Missing ☐ Obscured☐ Work Zone☒ Utility☐ Construction☐ Maintenance☐ Non-Highway Work☐ Other

School Bus Related:

☒ No☐ Yes, School Bus Directly Involved☐ Yes, School Bus Indirectly Involved

School Zone Related:

☒ No☐ Yes

Type of School Zone Sign:

☐ When Present☐ None☐ When Flashing☐ Lists Specific Times

School Zone Flashers:

☐ Present, Not Active☐ Present, Active☐ Not Present

School Zone

Speed Limit:

Work Zone Related:

☒ No☐ Yes

Workers Present:

☐ Yes☐ No☐ Unknown

Work Zone Speed Limit:

Location of Crash in Work Zone:

☐ Before 1st Warning Sign☐ Advance Warning Area☐ Transition (Merge) Area☐ Activity Area☐ Termination Area

Type of Work Zone:

☐ Lane Closure☐ Lane Shift / Crossover☐ Work on Shoulder or in Median☒ Intermittent or Moving Work☐ Other**NARRATIVE:** Describe What Happened. Refer to Vehicles by Number Assigned on this Form.

ON FRIDAY, AUGUST 09, 2019 AT APPROXIMATELY 07:46 A.M., I WAS DISPATCHED BY METRO COMMUNICATIONS TO 7014 SISSONVILLE DRIVE IN SISSONVILLE, KANAWHA COUNTY, IN REFERENCE TO A 3-VEHICLE CRASH WITH INJURY.

UPON MY ARRIVAL, I OBSERVED THE FOLLOWING: VEHICLE 1 RESTING IN A CREEK BED ALONG THE RIGHT SHOULDER OF THE ROADWAY (NORTH BOUND LANE); VEHICLE 2 STOPPED IN THE NORTH BOUND LANE OF TRAFFIC, APPROXIMATELY FORTY YARDS NORTH OF WHERE VEHICLE 1 AND VEHICLE 3 WERE LOCATED; AND VEHICLE 3 TO BE STOPPED IN THE NORTH BOUND LANE, WITH IT RESTING SIDEWAYS IN ITS LANE. I EXAMINED THE SCENE AND OBSERVED THE FOLLOWING: MARKINGS FROM VEHICLE 1 TRAVELING FROM NEAR THE CENTER LINE (SOUTH BOUND) IN TO THE NORTH BOUND LANE OF TRAFFIC; DEBRIS FROM VEHICLE 1 AND VEHICLE 3 LYING IN THE NORTH BOUND LANE OF TRAFFIC; TIRE MARKINGS FROM VEHICLE 2, WHICH WERE IN THE NORTH BOUND LANE JUST ABOVE THE DEBRIS LOCATION. I EXAMINED VEHICLE 1 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD TO BE DAMAGED; AND FRONT INSIDE AIRBAG DEPLOYMENT. I EXAMINED VEHICLE 2 AND OBSERVED THE FOLLOWING: THE VEHICLE ITSELF WAS NOT DAMAGED. HOWEVER, THE METAL OPEN FACE STYLE TRAILER'S REAR DRIVER SIDE WHEEL AND TRAILER AREA WAS DAMAGED. I EXAMINED VEHICLE 3 AND OBSERVED THE FOLLOWING: HEAVY FRONT-END DAMAGE; HEAVY DAMAGE TO BOTH FRONT FENDER AREAS; WINDSHIELD DAMAGE; AND INSIDE FRONT AIRBAG DEPLOYMENT. DIGITAL PHOTOGRAPHS OF THE SCENE WERE TAKEN.

VEHICLE 1 WAS TRAVELING SOUTH NEAR 7014 SISSONVILLE DRIVE. VEHICLE 1 TRAVELED LEFT OF CENTER INTO THE NORTH BOUND LANE OF TRAFFIC. VEHICLE 1'S FRONT DRIVER SIDE AREA STRUCK THE REAR DRIVER SIDE TRAILER AREA OF VEHICLE 2. THEN, VEHICLE 1 TRAVELED SOUTH IN THE NORTH BOUND LANE AND THEN ITS FRONT-END IT STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 TRAVELED OFF THE LEFT SIDE OF THE ROADWAY AND CAME TO A REST IN A CREEK BED.

DUE TO INJURIES, DRIVER 1, DRIVER 3, AND PASSENGER 1 (VEHICLE 3) WERE TRANSPORTED FROM THE SCENE TO C.A.M.C. GENERAL HOSPITAL IN CHARLESTON.

WITNESS 1, TERRI CHAPMAN (304-550-8792), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, SHE STATED THE FOLLOWING: SHE HAD BEEN TRAVELING SOUTH ON SISSONVILLE DRIVE PRIOR TO THE INCIDENT AND OBSERVED IT TO TRAVEL LEFT OF CENTER. THEN, AT THE CRASH LOCATION, SHE OBSERVED VEHICLE 1 TRAVEL LEFT OF CENTER AND STRIKE THE REAR OF VEHICLE 2'S TRAILER. THEN, VEHICLE 1 PROCEEDED TO TRAVEL SOUTH IN THE NORTH BOUND LANE. VEHICLE 1 STRUCK THE FRONT OF VEHICLE 3 AND THEN LANDED IN THE CREEK.

WITNESS 2, RYAN WHITE (304-541-8505), PROVIDED CPL. J. W. EARY WITH A RECORDED STATEMENT OF THE INCIDENT. AT WHICH TIME, HE STATED THE FOLLOWING: AS HE WAS TRAVELING NORTH ON SISSONVILLE DRIVE, HE OBSERVED VEHICLE 1 TRAVEL ACROSS THE CENTER LINE AND STRIKE VEHICLE 2'S TRAILER. THEN, VEHICLE 1 CONTINUED SOUTH IN THE NORTH BOUND LANE AND STRUCK THE FRONT OF VEHICLE 3. VEHICLE 1 CAME TO A REST IN THE CREEK.

VEHICLE 1, VEHICLE 2'S TRAILER, AND VEHICLE 3 WERE TOWED FROM THE SCENE BY CHARLESTON AUTO. THEY WERE TOWED TO THEIR LOT IN SISSONVILLE.

I CLEARED FROM THE SCENE AND TRAVELED TO C.A.M.C. GENERAL HOSPITAL. UPON MY ARRIVAL, I OBTAINED AN AUDIO-RECORDED STATEMENT WITH DRIVER 3. ALSO, I OBTAINED AN AUDIO-RECORDED STATEMENT FROM PASSENGER 1 OF VEHICLE 3. HOWEVER, DUE TO DRIVER 1'S MEDICAL CONDITION (S.T.I.C.U. FLOOR), I WAS UNABLE TO OBTAIN A RECORDED STATEMENT.

Reported By:

☐ State Police☒ Sheriff's Dept☐ Municipal PD☐ Other

Photos Taken:

☒ Yes☐ No

By Whom:

J. W. EARY

Video Taped:

☐ Yes☒ No

By Whom:

The information contained in this report reflects my best knowledge and judgment:

Investigating Officer's Name:

J.L. MILLER

Number:

64

Signature:

Phone:

(304) 357-0169

ORI Number:

WV0200000

Agency:

Kanawha Co SD

Assisting Officer's Name(s):

J. W. EARY

Reconstructed:

☐ Yes☒ No

By Whom:

Date of Submission:

08/09/2019

DOH Form: 17-dgrm  
Revised: 02/2007

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**(Draw Crash Scene - Including Roadway Layout, Vehicles, Individuals or Objects Struck, Traffic Controls, etc.)**  
**IMPORTANT: Number Vehicles According to the Numbers Assigned on this Form.**

[illegible]

# NO DIAGRAM



Crash Record Number:

Vehicle Number: 01

Reporting Agency's Record Number: 2019-00030673

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## Crash Events:

- 01 Overturn / Rollover  
 02 Fire / Explosion  
 03 Immersion  
 04 Jackknife  
 05 Cargo/Equipment Loss or Shift  
 06 Equipment Failure  
 07 Separation of Units  
 08 Ran Off Road Right  
 09 Ran Off Road Left

- 10 Cross Median / Centerline  
 11 Downhill Runaway  
 12 Fell / Jumped from Motor Vehicle  
 13 Thrown or Falling Object  
 14 Other Non-Collision  
 COLLISION WITH:  
 15 Pedestrian  
 16 Motorcycle  
 17 Railroad Vehicle  
 18 Animal  
 19 Motor Vehicle in Transport  
 20 Parked Motor Vehicle  
 21 Struck by Falling / Shifting Cargo  
 22 or Anything Set in Motion by Veh  
 23 Work Zone / Maintenance Equip  
 24 Impact Attenuator / Crash Cushion  
 25 Bridge/Overhead Structure  
 26 Bridge Pier or Support  
 27 Bridge Rail  
 28 Culvert

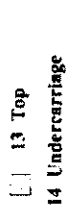
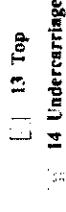
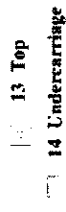
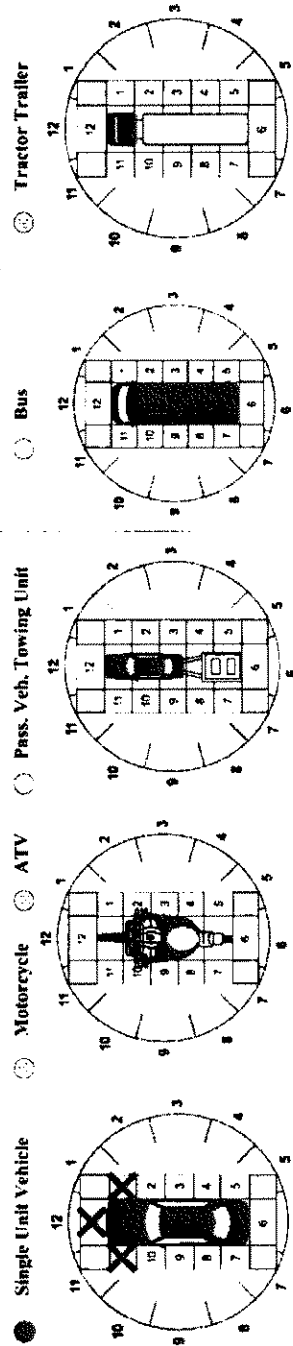
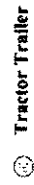
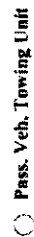
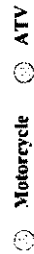
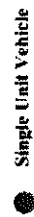
- 29 Curb  
 30 Ditch  
 31 Embankment  
 32 Guardrail Face  
 33 Guardrail End  
 34 Cable Median Barrier  
 35 Concrete Barrier  
 36 Other Traffic Barrier  
 37 Tree (Standing)  
 38 Utility Pole / Light Support

Sequence of Events:

19 09

Most Harmful Event: 19

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:



Using the Numbers from the Diagram Above. Identify the Following:

Number of Trailing Units: 0

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name:

Address:

VIN

Plate Class

License Plate Number

City

State

Year

Zip Code

Make

Model

Model Year

Body Type

Phone:

Damaged Property Owner(s):

WYDOH Private

City Utility Company

Other:

Trailing Unit #2: Same as Power Unit

Address:

VIN

Plate Class

License Plate Number

City

State

Year

Zip Code

Make

Model

Model Year

Body Type

Phone:

Damaged Property Location:

On Pavement

Right Side of Road

Left Side of Road

Trailing Unit #3: Same as Power Unit

Address:

VIN

Plate Class

License Plate Number

City

State

Year

Zip Code

Make

Model

Model Year

Body Type

Phone:



## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv  
Revised: 02/2007

## Driver Data

Crash Record Number:

Vehicle Number (from Vehicle Data Page) 01

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Reporting Agency's Record Number: 2019-00030673

Driver's Name: WHITE Last THELMA First CRYSTAL Middle Suffix  
 Address: ☒ Same as Veh Owner 122 BRUCE ROAD KENNA WV 25248  
 City State Zip Code

Home Phone: (304) 532-8641 Other Phone:

## Driving License:

## License Type:

- ☐ Not Licensed ☐ GDL Level 1 ☐ CDL Instruction Permit  
☒ Driving License ☐ GDL Level 2 ☐ Motorcycle Instruction Permit  
☐ Instruction Permit ☐ GDL Level 3 ☐ Motorcycle Only

CDL Class:  
☐ A ☐ B ☐ C

Issuing State: WV

Lic. Number: E210348

Date of Birth:

## License Restrictions: (Select All that Apply)

- ☒ None ☐ Limited - Other  
☐ Corrective Lenses ☐ CDL Intrastate Only  
☐ Mechanical Devices ☐ Motor Vehicles w/o Air Brakes  
☐ Prosthetic Aid ☐ Military Vehicles Only  
☐ Automatic Transmission ☐ Except Class A Bus  
☐ Outside Mirror ☐ Except Class A and Class B Bus  
☐ Limit to Daylight Only ☐ Except Tractor - Trailer  
☐ Limit to Employment ☐ Farm Waiver  
☐ Must Be Accompanied by Adult ☐ Other

## Endorsements: (Select Up to 5)

- ☒ None  
☐ T - Double/Triple Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

## Status:

- ☒ Valid  
☐ Expired  
☐ Suspended  
☐ Revoked  
☐ Probation  
☐ Surrendered  
☐ Valid/Interlock  
☐ Fraudulent

## Driver Condition at Time of Crash:

- ☒ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other

## Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☐ None ☐ Improper Turn ☐ Operated Veh in Aggressive Manner  
☐ Ran Off Road ☐ Improper Backing ☐ Swerved or Avoided  
☐ Failed to Yield Right of Way ☐ Improper Passing ☐ Over Correcting / Over Steering  
☐ Disregarded Traffic Signs ☐ Wrong Side or Wrong Way ☐ Other Improper Action  
☐ Ran Red Light ☐ Followed Too Closely  
☐ Disregarded Other Road Markings ☒ Failed to Keep in Proper Lane  
☐ Exceeded Posted Speed Limit ☐ Operated Veh in Erratic, Reckless, or Careless Manner  
☐ Drove Too Fast For Conditions

## Driver Use of Alcohol Suspected:

## Alcohol Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

## Alcohol Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused

## Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine  
☐ Serum ☐ Field ☐ Other:

## PBT Results:

- ☐ Pass  
☐ Fail

## BAC Results:

- ☐ Pending  
☐ Unknown

## Driver Use of Drugs Suspected:

## Drug Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

## Drug Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused  
☐ Unknown if Tested

## Type of Drug Test Given:

- ☐ Blood ☐ DRE  
☐ Serum ☐ Urine  
☐ Other

## Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending  
☐ Marijuana ☐ PCP  
☐ Cocaine ☐ Other Controlled Substance  
☐ Opiate ☐ Other Drug

## Driver Distracted By:

- ☒ Not Distracted  
☐ Electronic Communication Device

- ☐ Other Electronic Device  
☐ Other Inside Vehicle

- ☐ Other Outside Vehicle



Crash Record Number: \_\_\_\_\_

Vehicle Number (from Vehicle Data Page) 01

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Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

☐ No Violations**Reckless/Careless/Hit and Run Type Offenses**☐ Negligent Homicide☐ Reckless Driving; Driving to Endanger;  
Negligent Driving☐ Inattentive, Careless, Improper Driving☐ Fleeing or Eluding Law Enforcement☐ Failure to Obey Law Enforcement, Fireman,  
Authorized Person Directing Traffic☐ Hit and Run, Failure to Stop After Accident☐ Serious Violation Resulting in Death**Impairment Offenses**☐ Driving While Intoxicated (Alcohol  
or Drugs) or BAC Above Limit☐ Driving While Impaired☐ Driving Under Influence of  
Controlled Substance☐ Driving Under Influence of  
Non-Controlled Substance☐ Drinking While Operating☐ Illegal Possession of Alcohol or Drugs☐ Driving with Detectable Alcohol  
(CDL or Under 21 Years of Age)☐ Refusal to Submit to Chemical Test**Speed Related Offenses**☒ Failure to Maintain Control of Vehicle☐ Racing☐ Speeding (Above Speed Limit)☐ Speed Greater than Reasonable  
and Prudent☐ Exceeding Special Limit☐ Driving too Slowly**Rules of the Road - Traffic Signs and Signals**☐ Failure to Stop for Red Signal☐ Failure to Stop for Flashing Red Signal☐ Violation of Turn on Red☐ Failure to Obey Flashing Signal  
(Yellow or Red)☐ Failure to Obey Signal, Generally☐ Violation of RR Grade Crossing  
Device or Regulations☐ Failure to Obey Stop Sign☐ Failure to Obey Yield Sign☐ Failure to Obey Traffic Control Device**Rules of the Road - Lane Usage**☐ Unsafe or Prohibited Lane Change☐ Improper Use of Lane☐ Certain Traffic to Use Right Lane☒ Lane Violations, Generally**Rules of the Road - Wrong Side,  
Passing and Following**☐ Driving Wrong Way on One-Way Road☐ Driving on Left, Wrong Side of  
Road, Generally☐ Improper, Unsafe Passing☐ Passing on Right (Drive Off of  
Pavement to Pass)☐ Passed Stopped School Bus☐ Failure to Give Way When Overtaken☐ Following Too Closely☐ Wrong Side, Passing, Following  
Violations, Generally**Rules of the Road - Turning, Yielding, Signaling**☐ Turn in Violation of Traffic Control☐ Improper Method and Position of Turn☐ Failure to Signal for Turn or Stop☐ Failure to Yield to Emergency Vehicle☐ Failure to Yield, Generally☐ Enter Intersection when Space Insufficient**Non-Moving License and Registration Violations**☐ Driving While License Suspended  
or Revoked☐ Other Driver License Restrictions☐ Commercial Driver Violations☐ Vehicle Registration Violations☐ Failure to Carry Insurance Card☐ Driving Uninsured Vehicle☐ Non-Moving Violations, Generally**Equipment**☐ Lamp Violations☐ Brake Violations☐ Failure to Require Restraint Use☐ Motorcycle Equipment Violations☐ Violation of Hazardous Cargo Regulations☐ Size, Weight, Load Violations☐ Equipment Violations, Generally**Other Violations**☐ Parking☐ Theft, Unauthorized Use of Motor Vehicle☐ Driving Where Prohibited☐ Other Moving Violation

Citation(s) Issued to Driver:

Charge

State Code / Municipal Ordinance

Citation Number

Warning

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

**STATEMENT OF DRIVER:**

DUE TO DRIVER'S MEDICAL CONDITION, SHE WAS UNABLE TO SPEAK TO PROVIDE A RECORDED STATEMENT.

# State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-vch  
Revised: 02/2007

## Vehicle Data

Crash Record Number:

Vehicle Number: 02

Reporting Agency's Record Number: 2019-00030673

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Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / Equipment

Hlt and Run: ☒ No, Did Not Leave Scene ☐ Yes, Driver Left Scene ☐ Yes, Car and Driver Left Scene

Driver Presence at Time of Crash: ☒ Driver Operated Vehicle ☐ Driverless Vehicle

Owner's Name(s): PISON MANAGEMENT

Address: 717 BRAWLEY WALKWAY

CITY: CHARLESTON

State: WV

Zip Code: 25301

Home Phone: (304) 342-2766

Other Phone:

Make

Model

Model Year

Body Type

Color

City

State

Zip Code

Home Phone

Other Phone

CHEVROLET

SILVERADO

2004

PICKUP

BLUE

Registration Status:

☒ Properly Registered ☐ Improperly Registered ☐ No Registration Required

Proof of Liability Insurance:

☒ Yes ☐ No

Ins. Co: ERIE

Policy No: Q025830178W

Exp Date: 02/01/2020

1GCHK24U64E104071

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2RF684

WV

2020

Vehicle Used as a Bus:

☐ Commuter Bus ☐ Tour Bus ☐ Shuttle Bus ☐ Church Bus ☐ Modified for Personal/Private Use

Vehicle Impact Role:

☐ Striking ☒ Single Vehicle ☐ Struck

Special Function of Motor Vehicle:

☐ None ☐ Police ☐ Courtesy Patrol ☐ Ambulance ☐ Taxi ☐ Fire Truck ☐ Military

Used as an Emergency Vehicle:

☐ No ☐ Yes

Vehicle Used as a Bus:

☐ Commuter Bus ☐ Tour Bus ☐ Shuttle Bus ☐ Church Bus ☐ Modified for Personal/Private Use

Vehicle Impact Role:

☐ Striking ☒ Single Vehicle ☐ Struck

Direction of Travel Before Crash:

☒ Northbound ☐ Eastbound ☐ Not on Road ☐ Southbound ☐ Westbound ☐ Unknown

Applicable Speed Limit (MPH):

☒ Two-Way, Not Divided ☐ Two-Way, Not Divided w/ Cont. Left Turn Lane ☐ One-Way Roadway

Horizontal Alignment:

☐ Straight ☒ Curve Right ☐ Curve Left

Vertical Alignment:

☐ Level ☐ Uphill ☐ Sag (Bottom) ☐ Hillcrest ☐ Downhill

Vehicle Travel Speed (MPH):

2

Traffic Control Device Type:

☐ None ☐ Yield Sign ☐ Person (Flagger, etc.) ☐ School Zone Signs ☐ Traffic Control Signal ☐ Warning Signs ☐ Flashing Overhead Signal ☐ Railroad Crossing Device ☐ Stop Sign ☐ Other

Traffic Control Functioning Properly:

☐ Yes ☒ No

Vehicle Maneuver / Action:

☒ Essentially Straight Ahead ☐ Making U-Turn ☐ Backing ☐ Slowing ☐ Changing Lanes ☐ Stopped in Traffic ☐ Overtaking / Passing ☐ Leaving Traffic Lane ☐ Entering Traffic Lane ☐ Turning Right ☐ Negotiating a Curve ☐ Turning Left ☐ Other

Crash Avoidance Maneuver:

☐ None Evident or Reported ☐ Braking - Skidmarks Evident ☐ Braking - Driver Stated ☐ Braking - Other Evidence ☐ Steering - Evidence or Stated ☐ Steering and Braking ☐ Other

Contributing Circumstances, Motor Vehicle (Select up to 2):

☒ None ☐ Brakes ☐ Tires ☐ Wipers ☐ Wheels ☐ Steering ☐ Lights (Head, Signal, Tail, etc.) ☐ Power Train ☐ Windows ☐ Mirrors ☐ Hitch/Safety Chains ☐ Suspension ☐ Other

CVWR or GCWR:

☒ Less Than or Equal To 10,000lbs ☐ 10,001 - 26,000 lbs ☐ More Than 26,000lbs

Number of Axles:

02

Total / Max Occupants of Veh:

0 1 / 0 3

Displaying Hazardous Materials Placard:

☐ No ☐ Yes, Vehicle ☐ Caught Fire

Occurrence of Fire:

☐ No Fire ☐ Yes, Vehicle ☐ Caught Fire

Modified Vehicle:

☐ No ☐ Yes

Vehicle is Primarily Used to Transport Goods, Property, or People for Commerce:

☐ No ☒ Yes

Manner, in which Vehicle was Removed from Scene:

☐ Driven ☒ Towed Due to Damage ☐ Towed Due to Driver Condition

Towed to: CHARLESTON AUTO

Towed by: CHARLESTON AUTO



Crash Record Number:

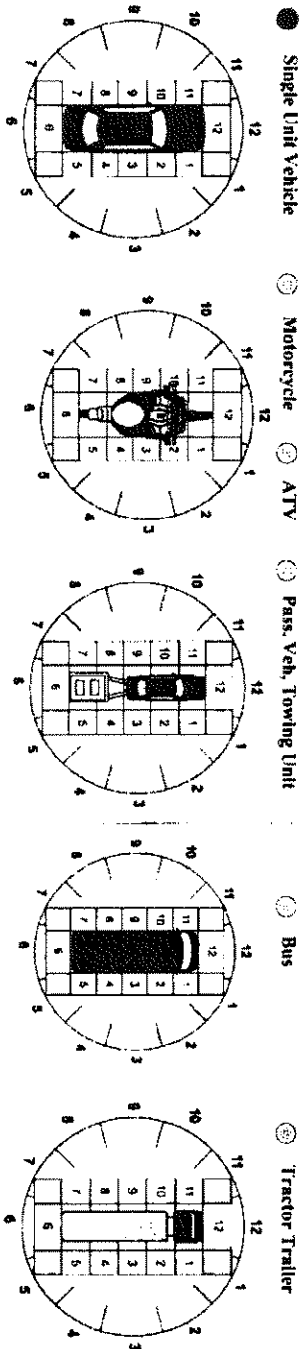
Vehicle Number: 02

Reporting Agency's Record Number: 2019-00030673

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- Crash Events:
- 01 Overturn / Rollover
  - 02 Fire / Explosion
  - 03 Immersion
  - 04 Jackknife
  - 05 Cargo/Equipment Loss or Shift
  - 06 Equipment Failure
  - 07 Separation of Units
  - 08 Ran Off Road Right
  - 09 Ran Off Road Left
  - 10 Cross Median / Centerline
  - 11 Downhill Runaway
  - 12 Fell / Jumped from Motor Vehicle
  - 13 Thrown or Falling Object
  - 14 Other Non-Collision
  - COLLISION WITH:
    - 15 Pedestrian
    - 16 Motorcycle
    - 17 Railroad Vehicle
    - 18 Animal
    - 19 Motor Vehicle in Transport
    - 20 Parked Motor Vehicle
    - 21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh
    - 22 Work Zone / Maintenance Equip
    - 23 Other Non-Fixed Object
    - 24 Impact Attenuator / Crash Cushion
    - 25 Bridge/Overhead Structure
    - 26 Bridge Pier or Support
    - 27 Bridge Rail
    - 28 Culvert
    - 29 Curb
    - 30 Ditch
    - 31 Embankment
    - 32 Guardrail Face
    - 33 Guardrail End
    - 34 Cable Median Barrier
    - 35 Concrete Barrier
    - 36 Other Traffic Barrier
    - 37 Tree (Standing)
    - 38 Utility Pole / Light Support
    - 39 Traffic Sign Support
    - 40 Traffic Signal Support
    - 41 Other Post, Pole, or Support
    - 42 Fence
    - 43 Mailbox
    - 44 Other Fixed Object

Select the ONE diagram that best matches the involved vehicle and identify damaged areas:



Single Unit Vehicle

Motorcycle

ATV

Pass. Veh. Towing Unit

Bus

Tractor Trailer

13 Top

13 Top

13 Top

13 Top

13 Top

14 Undercarriage

14 Undercarriage

14 Undercarriage

14 Undercarriage

14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Area of Initial Impact:

Most Damaged Area:

Number of Trailing Units: 1

Trailing Unit #1: Same as Power Unit

Carrier / Owner's Name: SCOTT, JOHN

Address: 722 NORTH HILLS DR

CHARLESTON

WV 25387

Phone: (304) 926-6662

VIN

Plate Class

License Plate Number

State

Year

Make

Model

Model Year

Body Type

4P7U610193F000530

T

T420387

WV

2020

LNW

2003

OPEN BODY

Trailing Unit #2: Same as Power Unit

Carrier / Owner's Name:

Address:

VIN

Plate Class

License Plate Number

State

Year

Make

Model

Model Year

Body Type

Phone:

Trailing Unit #3: Same as Power Unit

Carrier / Owner's Name:

Address:

VIN

Plate Class

License Plate Number

State

Year

Make

Model

Model Year

Body Type

Phone:

Property Damaged Other Than Vehicles:

Most Harmful Event: 19

- None
- Work Zone / Maintenance Equipment
  - Impact Attenuator / Crash Cushion
  - Bridge / Tunnel
  - Culvert
  - Guardrail
  - Concrete Barrier
  - Cable Median Barrier
  - Other Traffic Barrier
  - Utility Pole / Light Support
  - Traffic Sign Support
  - Traffic Signal Support
  - Other Post, Pole or Support
  - Fence
  - Mailbox
  - Other Fixed Object

Damaged Property Owner(s):

- WVDOH
- City
- Private
- Utility Company
- Other:

Damaged Property Location:

- On Pavement
- Right Side of Road
- Left Side of Road



## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv  
Revised: 02/2007

## Driver Data

Crash Record Number: \_\_\_\_\_

Vehicle Number (from Vehicle Data Page) 02

Page 10 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name: ELDER Last DEMETRIUS First S Middle \_\_\_\_\_ Suffix \_\_\_\_\_

Address: ☐ Same as Veh Owner 5243 DALEWOOD DR LOT 186 CROSS LANES WV 25313  
City State Zip Code

Home Phone: (304) 926-6662 Other Phone: \_\_\_\_\_

Driving License: \_\_\_\_\_

License Type:

- ☐ Not Licensed  
☒ Driving License  
☐ Instruction Permit  
☐ GDL Level 1  
☐ GDL Level 2  
☐ GDL Level 3  
☐ CDL Instruction Permit  
☐ Motorcycle Instruction Permit  
☐ Motorcycle Only

CDL Class:  
☐ A ☐ B ☐ C

Issuing State: WV

Lic. Number: F822510

Date of Birth: \_\_\_\_\_

License Restrictions: (Select All that Apply)

- ☒ None  
☐ Corrective Lenses  
☐ Mechanical Devices  
☐ Prosthetic Aid  
☐ Automatic Transmission  
☐ Outside Mirror  
☐ Limit to Daylight Only  
☐ Limit to Employment  
☐ Must Be Accompanied by Adult  
☐ Limited - Other  
☐ CDL Intrastate Only  
☐ Motor Vehicles w/o Air Brakes  
☐ Military Vehicles Only  
☐ Except Class A Bus  
☐ Except Class A and Class B Bus  
☐ Except Tractor - Trailer  
☐ Farm Waiver  
☐ Other

Endorsements: (Select Up to 5)

- ☒ None  
☐ T - Double/Triple Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

Status:

- ☒ Valid  
☐ Expired  
☐ Suspended  
☐ Revoked  
☐ Probation  
☐ Surrendered  
☐ Valid/Interlock  
☐ Fraudulent

Driver Condition at Time of Crash:

- ☒ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None  
☐ Ran Off Road  
☐ Failed to Yield Right of Way  
☐ Disregarded Traffic Signs  
☐ Ran Red Light  
☐ Disregarded Other Road Markings  
☐ Exceeded Posted Speed Limit  
☐ Drove Too Fast For Conditions  
☐ Improper Turn  
☐ Improper Backing  
☐ Improper Passing  
☐ Wrong Side or Wrong Way  
☐ Followed Too Closely  
☐ Failed to Keep in Proper Lane  
☐ Operated Veh in Erratic, Reckless, or Careless Manner  
☐ Operated Veh in Aggressive Manner  
☐ Swerved or Avoided  
☐ Over Correcting / Over Steering  
☐ Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

Alcohol Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine  
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass  
☐ Fail

BAC Results:

- ☐ \_\_\_\_\_  
☐ Pending  
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

Drug Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused  
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE  
☐ Serum  
☐ Urine  
☐ Other

Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending  
☐ Marijuana ☐ PCP  
☐ Cocaine ☐ Other Controlled Substance  
☐ Opiate ☐ Other Drug

Driver Distracted By:

- ☒ Not Distracted  
☐ Electronic Communication Device

- ☐ Other Electronic Device  
☐ Other Inside Vehicle

- ☐ Other Outside Vehicle

Crash Record Number: \_\_\_\_\_

Vehicle Number (from Vehicle Data Page) 02

Page 11 of 16

Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

☒ No Violations**Reckless/Careless/Hit and Run Type Offenses**

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

**Impairment Offenses**

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

**Speed Related Offenses**

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

**Rules of the Road - Traffic Signs and Signals**

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

**Rules of the Road - Lane Usage**

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

**Rules of the Road - Wrong Side, Passing and Following**

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

**Rules of the Road - Turning, Yielding, Signaling**

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

**Non-Moving License and Registration Violations**

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

**Equipment**

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

**Other Violations**

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

| Charge | State Code / Municipal Ordinance | Citation Number | Warning                  |
|--------|----------------------------------|-----------------|--------------------------|
|        |                                  |                 | <input type="checkbox"/> |
|        |                                  |                 | <input type="checkbox"/> |
|        |                                  |                 | <input type="checkbox"/> |
|        |                                  |                 | <input type="checkbox"/> |

**STATEMENT OF DRIVER:**

\* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.

# State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-veh  
Revised: 02/2007

## Vehicle Data

Crash Record Number:

Vehicle Number: 03

Reporting Agency's Record Number: 2019-00030673

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Vehicle Type: ☒ Motor Veh in Transport ☐ Parked Motor Veh / Trailer ☐ Working Veh / Equipment

Hit and Run: ☒ No, Did Not Leave Scene

Driver Presence at Time of Crash: ☒ Driver Operated Vehicle

Owner's Name(s): HUFFMAN, RICK

☐ Yes, Driver Left Scene

☐ Driverless Vehicle

Address: 301 RUCKER ST APT B

MADISON

WV

25130 (304) 601-6129

City

State

Zip Code

Home Phone

Other Phone

Make

Model

Model Year

Body Type

Color

Registration Status:

Proof of Liability Insurance:

Ins. Co:

W.V. NATIONAL AUTO

DODGE

CALIBER

2007

4H

SILVER

State

Reg Year

☒ Properly Registered

☐ Improperly Registered

Policy No:

WV1191936

VIN

Plate Class

License Plate Number

84H271

WV

2020

☐ No Registration Required

☐ Not Req

Exp Date:

10/10/2019

1B3HB28B67D154828

A

84H271

Used as an

Emergency Vehicle:

Vehicle Used as a Bus:

☐ Commuter Bus

☐ Tour Bus

Ins. Agent Name or Phone

304-296-0507

Special Function of Motor Vehicle:

☐ None

☐ Police

☐ Courtesy Patrol

☐ Ambulance

☐ Taxi

☐ Private School Bus

☐ Modified for Personal/Private Use

☐ Striking

☐ Single Vehicle

☐ Both

☐ Used as School Bus

☐ Fire Truck

☐ Military

☐ No

☐ Yes

☐ Scheduled Service Bus

☐ Shuttle Bus

☐ Church Bus

☐ Struck

☐ Used as Other Bus

☐ No

☐ Yes

☐ Scheduled Service Bus

☐ Shuttle Bus

☐ Church Bus

☐ Modified for Personal/Private Use

☐ Struck

☐ Striking

☐ Single Vehicle

☐ Both

Direction of Travel Before Crash:

☐ Northbound

☐ Eastbound

☐ Not on Road

☐ Southbound

☐ Westbound

☐ Unknown

Applicable Speed Limit (MPH):

Two-Way, Not Divided

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Vehicle was Traveling Prior to Crash.

☐ Northbound

☐ Eastbound

☐ Not on Road

☐ Southbound

☐ Westbound

☐ Unknown

Applicable Speed Limit (MPH):

Two-Way, Not Divided

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Vehicle was Traveling Prior to Crash.

☐ Southbound

☐ Eastbound

☐ Not on Road

☐ Southbound

☐ Westbound

☐ Unknown

Applicable Speed Limit (MPH):

Two-Way, Not Divided

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Two-Way, Divided, Unprotected Median

Two-Way, Divided, with Median Barrier

One-Way Roadway

Vehicle was Traveling Prior to Crash.

Traffic Control Device Type:

☐ None

☐ Yield Sign

☐ School Zone Signs

☐ Warning Signs

☐ Railroad Crossing Device

☐ Stop Sign

☐ Other

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

☐ Person (Flagger, etc.)

☐ Traffic Control Signal

☐ Flashing Overhead Signal

☐ Stop Sign

☐ Railroad Crossing Device

☐ Other

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

☐ Person (Flagger, etc.)

☐ Traffic Control Signal

☐ Flashing Overhead Signal

☐ Stop Sign

☐ Railroad Crossing Device

☐ Other

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

☐ Traffic Control Signal

☐ Flashing Overhead Signal

☐ Stop Sign

☐ Railroad Crossing Device

☐ Other

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

☐ Stop Sign

☐ Railroad Crossing Device

☐ Other

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

Traffic Control Functioning Properly:

☐ Yes

☐ No

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

Traffic Control Functioning Properly:

☐ Yes

☐ No

Horizontal Alignment:

☐ Straight

☐ Curve Right

☐ Curve Left

Vertical Alignment:

☐ Level

☐ Uphill

☐ Sag (Bottom)

☐ Hillcrest

☐ Downhill

Vehicle Maneuver / Action:

☐ Essentially Straight Ahead

☐ Making U-Turn

☐ Slowing

☐ Stopped in Traffic

☐ Leaving Traffic Lane

☐ Entering Traffic Lane

☐ Negotiating a Curve

☐ Other

Crash Avoidance Maneuver:

☐ None Evident or Reported

☐ Braking - Skidmarks Evident

☐ Braking - Driver Stated

☐ Braking - Other Evidence

☐ Steering - Evidence or Stated

☐ Steering and Braking

☐ Other

Contributing Circumstances, Motor Vehicle (Select up to 2):

GVWR or GCWR:

☐ Essentially Straight Ahead

☐ Making U-Turn

☐ Slowing

☐ Stopped in Traffic

☐ Leaving Traffic Lane

☐ Entering Traffic Lane

☐ Negotiating a Curve

☐ Other

Crash Avoidance Maneuver:

☐ None Evident or Reported

☐ Braking - Skidmarks Evident

☐ Braking - Driver Stated

☐ Braking - Other Evidence

☐ Steering - Evidence or Stated

☐ Steering and Braking

☐ Other

Contributing Circumstances, Motor Vehicle (Select up to 2):

GVWR or GCWR:

☐ Essentially Straight Ahead

☐ Making U-T

Crash Record Number:

Vehicle Number: 03

Reporting Agency's Record Number: 2019-00030673

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## Crash Events:

- 01 Overturn / Rollover  
02 Fire / Explosion  
03 Immersion  
04 Jackknife  
05 Cargo/Equipment Loss or Shift  
06 Equipment Failure  
07 Separation of Units  
08 Ran Off Road Right  
09 Ran Off Road Left
- 10 Cross Median / Centerline  
11 Downhill Runaway  
12 Fell / Jumped from Motor Vehicle  
13 Thrown or Falling Object  
14 Other Non-Collision  
COLLISION WITH:  
15 Pedestrian  
16 Pedalcycle  
17 Railroad Vehicle  
18 Animal
- 19 Motor Vehicle in Transport  
20 Parked Motor Vehicle  
21 Struck by Falling / Shifting Cargo or Anything Set in Motion by Veh  
22 Work Zone / Maintenance Equip  
23 Other Non-Fixed Object  
24 Impact Attenuator / Crash Cushion  
25 Bridge/Overhead Structure  
26 Bridge Pier or Support  
27 Bridge Rail  
28 Culvert
- 29 Curb  
30 Ditch  
31 Embankment  
32 Guardrail Face  
33 Guardrail End  
34 Cable Median Barrier  
35 Concrete Barrier  
36 Other Traffic Barrier  
37 Tree (Standing)  
38 Utility Pole / Light Support

Select the ONE Diagram that best matches the involved vehicle and identify damaged areas:

☒ Single Unit Vehicle
 ☐ Motorcycle
 ☐ ATV
 ☐ Pass. Veh. Towing Unit
 ☐ Bus
 ☐ Tractor-Trailer

☒ 13 Top
 ☐ 13 Top
 ☐ 13 Top
 ☐ 13 Top
 ☐ 13 Top

☐ 14 Undercarriage
 ☐ 14 Undercarriage
 ☐ 14 Undercarriage
 ☐ 14 Undercarriage
 ☐ 14 Undercarriage

Using the Numbers from the Diagram Above, Identify the Following:

Number of Trailing Units: 0

Area of Initial Impact: 12

Most Damaged Area: 12

Property Damaged Other Than Vehicles:

- ☒ None
 ☐ Work Zone / Maintenance Equipment
 ☐ Impact Attenuator / Crash Cushion
 ☐ Bridge / Tunnel
 ☐ Culvert
 ☐ Guardrail
 ☐ Concrete Barrier
 ☐ Cable Median Barrier
 ☐ Other Traffic Barrier
 ☐ Utility Pole / Light Support
- ☐ Traffic Sign Support
 ☐ Traffic Signal Support
 ☐ Other Post, Pole or Support
 ☐ Fence
 ☐ Mailbox
 ☐ Other Fixed Object

Address:

Carrier / Owner's Name:

Phone:

Damaged Property Owner(s):

- ☐ WVDOT
 ☐ Private
 ☐ City
 ☐ Utility Company
 ☐ Other:

Trailing Unit #2: ☐ Same as Power Unit

Carrier / Owner's Name:

Address:

Phone:

Damaged Property Location:

- ☐ On Pavement
 ☐ Right Side of Road
 ☐ Left Side of Road

Trailing Unit #3: ☐ Same as Power Unit

Carrier / Owner's Name:

Address:

Phone:

VIN \_\_\_\_\_ Plate Class \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_\_ Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Model Year \_\_\_\_\_ Body Type \_\_\_\_\_



## State of West Virginia Uniform Traffic Crash Report

DOH Form: 17-drv  
Revised: 02/2007

## Driver Data

Crash Record Number: \_\_\_\_\_

Vehicle Number (from Vehicle Data Page) 03

Page 14 of 16

Reporting Agency's Record Number: 2019-00030673

Driver's Name: HUFFMAN RICK L  
Last First Middle Suffix

Address: Same as Veh Owner 301 RUCKER ST APT B MADISON WV 25130  
City State Zip Code

Home Phone: (304) 601-6129

Other Phone: \_\_\_\_\_

Driving License: \_\_\_\_\_

License Type:

- ☐ Not Licensed  
☒ Driving License  
☐ Instruction Permit  
☐ GDL Level 1  
☐ GDL Level 2  
☐ GDL Level 3  
☐ CDL Instruction Permit  
☐ Motorcycle Instruction Permit  
☐ Motorcycle Only

CDL Class:  
☐ A ☐ B ☐ C

Issuing State: WV

Lic. Number: E356031

Date of Birth: \_\_\_\_\_

License Restrictions: (Select All that Apply)

- ☒ None  
☐ Corrective Lenses  
☐ Mechanical Devices  
☐ Prosthetic Aid  
☐ Automatic Transmission  
☐ Outside Mirror  
☐ Limit to Daylight Only  
☐ Limit to Employment  
☐ Must Be Accompanied by Adult  
☐ Limited - Other  
☐ CDL Intrastate Only  
☐ Motor Vehicles w/o Air Brakes  
☐ Military Vehicles Only  
☐ Except Class A Bus  
☐ Except Class A and Class B Bus  
☐ Except Tractor - Trailer  
☐ Farm Waiver  
☐ Other

Endorsements: (Select Up to 5)

- ☒ None  
☐ T - Double/Triple Trailers  
☐ P - Passenger Vehicle  
☐ S - School Bus  
☐ N - Tank Vehicle  
☐ H - Hazardous Materials  
☐ X - Combined Tank / Haz. Materials  
☐ F - Motorcycle (WV Only)  
☐ Other - Non-WV Licenses Only

Status:

- ☒ Valid  
☐ Expired  
☐ Suspended  
☐ Revoked  
☐ Probation  
☐ Surrendered  
☐ Valid/Interlock  
☐ Fraudulent

Driver Condition at Time of Crash:

- ☒ Apparently Normal  
☐ Emotional  
☐ Ill  
☐ Fell Asleep, Fainted, Fatigued  
☐ Under the Influence of Medication/Alcohol/Drugs  
☐ Other

Action(s) of Driver that Contributed to the Crash: (Select Up to 4)

- ☒ None  
☐ Ran Off Road  
☐ Failed to Yield Right of Way  
☐ Disregarded Traffic Signs  
☐ Ran Red Light  
☐ Disregarded Other Road Markings  
☐ Exceeded Posted Speed Limit  
☐ Drove Too Fast For Conditions  
☐ Improper Turn  
☐ Improper Backing  
☐ Improper Passing  
☐ Wrong Side or Wrong Way  
☐ Followed Too Closely  
☐ Failed to Keep in Proper Lane  
☐ Operated Veh in Erratic, Reckless, or Careless Manner  
☐ Operated Veh in Aggressive Manner  
☐ Swerved or Avoided  
☐ Over Correcting / Over Steering  
☐ Other Improper Action

Driver Use of Alcohol Suspected:

Alcohol Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

Alcohol Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused

Type of Alcohol Test Given (Select Up to 2):

- ☐ Blood ☐ Breath ☐ Urine  
☐ Serum ☐ Field ☐ Other:

PBT Results:

- ☐ Pass  
☐ Fail

BAC Results:

- ☐ Pending  
☐ Unknown

Driver Use of Drugs Suspected:

Drug Use Suspected:

- ☒ No  
☐ Yes  
☐ Unknown

Drug Test Given:

- ☐ Test Given  
☐ None Given  
☐ Test Refused  
☐ Unknown if Tested

Type of Drug Test Given:

- ☐ Blood ☐ DRE  
☐ Serum  
☐ Urine  
☐ Other

Drug Test Results (Check All that Apply):

- ☐ None ☐ Amphetamine ☐ Pending  
☐ Marijuana ☐ PCP  
☐ Cocaine ☐ Other Controlled Substance  
☐ Opiate ☐ Other Drug

Driver Distracted By:

- ☒ Not Distracted  
☐ Electronic Communication Device

- ☐ Other Electronic Device  
☐ Other Inside Vehicle

- ☐ Other Outside Vehicle



Crash Record Number: Vehicle Number (from Vehicle Data Page) 03 

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Reporting Agency's Record Number: 2019-00030673

Known or Suspected Violation(s) by Driver:

☒ No Violations**Reckless/Careless/Hit and Run Type Offenses**

- ☐ Negligent Homicide
- ☐ Reckless Driving; Driving to Endanger; Negligent Driving
- ☐ Inattentive, Careless, Improper Driving
- ☐ Fleeing or Eluding Law Enforcement
- ☐ Failure to Obey Law Enforcement, Fireman, Authorized Person Directing Traffic
- ☐ Hit and Run, Failure to Stop After Accident
- ☐ Serious Violation Resulting in Death

**Impairment Offenses**

- ☐ Driving While Intoxicated (Alcohol or Drugs) or BAC Above Limit
- ☐ Driving While Impaired
- ☐ Driving Under Influence of Controlled Substance
- ☐ Driving Under Influence of Non-Controlled Substance
- ☐ Drinking While Operating
- ☐ Illegal Possession of Alcohol or Drugs
- ☐ Driving with Detectable Alcohol (CDL or Under 21 Years of Age)
- ☐ Refusal to Submit to Chemical Test

**Speed Related Offenses**

- ☐ Failure to Maintain Control of Vehicle
- ☐ Racing
- ☐ Speeding (Above Speed Limit)
- ☐ Speed Greater than Reasonable and Prudent
- ☐ Exceeding Special Limit
- ☐ Driving too Slowly

**Rules of the Road - Traffic Signs and Signals**

- ☐ Failure to Stop for Red Signal
- ☐ Failure to Stop for Flashing Red Signal
- ☐ Violation of Turn on Red
- ☐ Failure to Obey Flashing Signal (Yellow or Red)
- ☐ Failure to Obey Signal, Generally
- ☐ Violation of RR Grade Crossing Device or Regulations
- ☐ Failure to Obey Stop Sign
- ☐ Failure to Obey Yield Sign
- ☐ Failure to Obey Traffic Control Device

**Rules of the Road - Lane Usage**

- ☐ Unsafe or Prohibited Lane Change
- ☐ Improper Use of Lane
- ☐ Certain Traffic to Use Right Lane
- ☐ Lane Violations, Generally

**Rules of the Road - Wrong Side, Passing and Following**

- ☐ Driving Wrong Way on One-Way Road
- ☐ Driving on Left, Wrong Side of Road, Generally
- ☐ Improper, Unsafe Passing
- ☐ Passing on Right (Drive Off of Pavement to Pass)
- ☐ Passed Stopped School Bus
- ☐ Failure to Give Way When Overtaken
- ☐ Following Too Closely
- ☐ Wrong Side, Passing, Following Violations, Generally

**Rules of the Road - Turning, Yielding, Signaling**

- ☐ Turn in Violation of Traffic Control
- ☐ Improper Method and Position of Turn
- ☐ Failure to Signal for Turn or Stop
- ☐ Failure to Yield to Emergency Vehicle
- ☐ Failure to Yield, Generally
- ☐ Enter Intersection when Space Insufficient

**Non-Moving License and Registration Violations**

- ☐ Driving While License Suspended or Revoked
- ☐ Other Driver License Restrictions
- ☐ Commercial Driver Violations
- ☐ Vehicle Registration Violations
- ☐ Failure to Carry Insurance Card
- ☐ Driving Uninsured Vehicle
- ☐ Non-Moving Violations, Generally

**Equipment**

- ☐ Lamp Violations
- ☐ Brake Violations
- ☐ Failure to Require Restraint Use
- ☐ Motorcycle Equipment Violations
- ☐ Violation of Hazardous Cargo Regulations
- ☐ Size, Weight, Load Violations
- ☐ Equipment Violations, Generally

**Other Violations**

- ☐ Parking
- ☐ Theft, Unauthorized Use of Motor Vehicle
- ☐ Driving Where Prohibited
- ☐ Other Moving Violation

Citation(s) Issued to Driver:

| Charge               | State Code / Municipal Ordinance | Citation Number      | Warning                  |
|----------------------|----------------------------------|----------------------|--------------------------|
| <input type="text"/> | <input type="text"/>             | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/>             | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/>             | <input type="text"/> | <input type="checkbox"/> |
| <input type="text"/> | <input type="text"/>             | <input type="text"/> | <input type="checkbox"/> |

**STATEMENT OF DRIVER:**

\* REFER TO AUDIO-RECORDED STATEMENT; OBTAINED BY DEPUTY J. L. MILLER.



# State of West Virginia Uniform Traffic Crash Report Driver and Vehicle Passenger Data

DOH Form: 17-pas  
Revised: 02/2007

Crash Record Number: \_\_\_\_\_

Reporting Agency's Record Number: 2019-00030673

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| Indiv # | Last    | First     | Middle Init. | Suffix | Veh # | Occupant Type | Social Security # | Birthdate | Age | Gender | Injury | Row | Seat | Other | Seating Position | Occupant Protection Type Used | Proper Use | App. Helmet |
|---------|---------|-----------|--------------|--------|-------|---------------|-------------------|-----------|-----|--------|--------|-----|------|-------|------------------|-------------------------------|------------|-------------|
| 01      | WHITE   | THELMA    | CRYSTA       |        | 01    | 01            |                   |           |     | F      | B      | 1   | 1    |       |                  | 01                            |            |             |
| 02      | ELDER   | DEMETRIUS | S            |        | 02    | 01            |                   |           |     | M      | O      | 1   | 1    |       |                  | 02                            |            | 03          |
| 03      | HUFFMAN | RICK      | L            |        | 03    | 01            |                   |           |     | M      | B      | 1   | 1    |       |                  | 01                            |            | 03          |
| 04      | COOPER  | JAMES     | S            |        | 03    | 02            |                   |           |     | M      | B      | 1   | 3    |       |                  | 01                            |            | 03          |

## Occupant Type Codes:

01 Driver  
02 Passenger  
03 Occupant of Motor Veh Not in Transport  
04 Unknown Vehicle Passenger

## Injury Status Codes:

A Incapacitating Injury  
B Non-Incapacitating Injury  
C Possible Injury

## Type of Occupant Protection System Used Codes:

01 None Used  
02 Shoulder and Lap Belt Used  
03 Shoulder Belt Only Used  
04 Lap Belt Only Used  
05 Child Restraint System - Forward Facing  
06 Child Restraint System - Rear Facing  
07 Booster Seat  
08 Helmet Used  
09 Restraint Used - Type Unknown  
10 Other  
11 Unable to Determine - Due to Vehicle Damage

## Seating Position Codes:

ROW  
1 Front  
2 Second  
3 Third  
4 Fourth  
5 Other Row  
6 Unknown  
SEAT  
1 Left  
2 Middle  
3 Right  
4 Other  
5 Unknown  
6 Unknown  
OTHER  
1 Sleeper Section of Cab  
2 Other Enclosed Cargo Area  
3 Unenclosed Cargo Area  
4 Trailing Unit  
5 Riding on Motor Vehicle Exterior  
6 Unknown

## Proper Use of Occupant Protection:

01 Used Properly  
02 Used Improperly  
03 Unknown  
DOT Approved Helmet:  
01 Yes  
02 No  
03 Unknown

| Indiv # | From Above | Airbag | Trapped | Extricated | Ejected | Ejection Path | Medical Transport By | EMS Agency ID # | EMS Response Run Number | Receiving Facility Name   | Notified Time | Scene Time | Hospital Time | Date of Death | Time of Death | Place of Death |
|---------|------------|--------|---------|------------|---------|---------------|----------------------|-----------------|-------------------------|---------------------------|---------------|------------|---------------|---------------|---------------|----------------|
| 01      | 01         | 01     | 01      | 01         |         |               | 02                   | K132            | 2019-00018094           | C.A.M.C. GENERAL HOSPITAL | 0753          | 0808       |               | 0835          |               |                |
| 02      | 05         | 01     | 01      | 01         |         |               |                      |                 |                         |                           |               |            |               |               |               |                |
| 03      | 01         | 01     | 01      | 01         |         |               | 02                   | K91             | 2019-00018094           | C.A.M.C. GENERAL HOSPITAL | 0746          | 0751       |               | 0815          |               |                |
| 04      | 01         | 01     | 01      | 01         |         |               | 02                   | K104            | 2019-00018094           | C.A.M.C. GENERAL HOSPITAL | 0800          | 0817       |               | 0850          |               |                |

## Airbag Deployed Codes:

DEPLOYED (This Seat):

01 Front  
02 Side  
03 Other  
04 Multiple Directions (Front and Side)  
05 Unable to Determine - Due to Vehicle Damage

## Trapped / Extricated Codes:

01 Not Trapped  
02 Trapped / Extricated  
03 Unknown

## Ejection Codes:

01 Not Ejected  
02 Ejected, Partially  
03 Ejected, Totally  
04 Unknown

## Ejection Path:

01 Thru Side Door Opening  
02 Thru Side Window  
03 Thru Windshield  
04 Thru Back Window  
05 Thru Back Door / Tailgate Opening  
06 Thru Roof Opening  
07 Thru Convertible (Top Up) Roof

## Place of Victim's Death:

01 At Scene  
02 En Route  
03 At Medical Facility  
04 Home  
05 Other  
06 Unknown

## Medically Transported By:

01 Not Transported  
02 EMS  
03 Law Enforcement  
04 Refused